FIELD CHECK LIST FY 1965 UPDATING TASKS

Date Prepared 18 OCT. 1965

BY C.D. HOWARD FACILITY IDENTIFICATION: (Should agree with entries on Form 3706R) 1. Name WIRE BUILDING 2. Address 000 VERMONT AVE. N.W. 3. S/L 22110054 F.O. BC Contract 07 Fec. No. 01538 GENERAL DATA: (Use current L&P File Listing where applicable) 1. Total existing 2. Total potable 3. Issue Stocks PF Cat 2-8 water required On Hand (B1 x 3.5) gal: 294 Spaces: Spaces 4. Water Storage Drums: a. Required: c. Balance: b. Stocked: (B1 / 5) (B3 / 5) (4a - 4b) O nrings Drums 5. Shelter License: Yes No No Contact Previously Licensed X 6. Trapped Water Mod. Permit: Yes No No Contact X Not Reg'd 7. Remarks: C. NEW WELL: 1. Estimated Cost | O 2. Remarks: NOT FEASIBLE POTABLE WATER REQTS: (Considering trapped or well water sources shown on Form 3706R) Existing Total (After Sources Modification). a. 850 gal 1. Total trapped or well water available: a. 556 gal 2. Excess (D1-B2) (if negative, enter "O") 3. Equiv stockable spaces (Dl divided by 84 spaces b. spaces 3.5 - should not exceed B1) 4. Equiv drums (D3 divided by 5 - should / drums b. not exceed B4a) 5. Max drums req'd, incl existing stocks (B4a-D4) drums b. drums 6. Net req't (D5-B4b) (if negative enter "0") a. drums b. drums 7. Drums owner agrees to accept * 3. Remarks:

(*) If owner agreement to trapped water modification is obtained disregard Doa and consider Dob as maximum requirement.

| SANITATION REQUIREMENTS: Entries required only if potable trapped or well water, Dl, above, will be used in lieu of water stored in drums. | | | | |
|---|---|--|--|--|
| | Based Upon Based Upon Using Existing Total After Sources Only Modification | | | |
| 1. | Quantity of sanitary waste resulting from use of trapped sources (D3 x 2.1 gal/person s. 177 gal b. gal | | | |
| 2. | Can sanitary wasta be removed from facility by gravity flow thru existing coil pipes? Yes X No . If "Yes", estimate quantity of water available for dilution and flushing and enter in E3, below. (One gallon required for each gallon of sanitary waste to be removed). Use excess trapped potable water, D2, above, and/or existing non-potable sources shown in Section C, Form 3706(R). | | | |
| 3. | Quantity available for dilution and flushing a. 2250gal b. gal | | | |
| • • | (Note: If quantity in E3 equals or exceeds corresponding entry in E1, senitary waste may be removed without storage and empty drum requirements, below, need not be computed). | | | |
| 4. | Senitary waste requiring storage in drums a. gal a. gal (E1 - E3) | | | |
| 5. | Empty drums required (E4 divided by 15 gal) adrums bdrums | | | |
| | (Note: Above requirement may be met by utilizing the fiber drum sanitary kits provided as issue stocks, and the steel water storage drums, if any are to be used in the facility. Only 30% of these will be available, since the remainder are required for storing sanitary waste resulting from use of the potable water initially stored therein). | | | |
| 6. | Empty fiber drums evailable (B3 + D3, but not to exceed B1) divided by 50 persons a. drums b. drums | | | |
| 7. | Empty water drums available (B4b + D7) x 30% a. drums b. drums | | | |
| 8. | Net empty drums required E 5 - (E6 + E7) a drums b | | | |
| 9. | Empty drums owner agrees to accept (*) | | | |
| | (*) If owner agreement to trapped water modification is obtained disregard E3s and consider E8b as maximum requirement. | | | |
| 10. | Remarks: | | | |
| | | | | |

| F. | FC | OD STOCKS: | |
|----|------|--|---------------------|
| | 1. | Total food stocks required (Bl, above)Spaces | 84 |
| | 2. | Estimate of non-issue food stocks available | |
| | 3. | in facility (Minimum 10 persons, 14 days) | 0 |
| | 4. | (B3, above) | 84 |
| | | (F1 minus F2 and F3) | 0 |
| | | to acceptSpaces_ | |
| | 6. | Remarks: (Include basis for determination of F2 above) | |
| | | | |
| | | | |
| G. | RAI | DIATION KITS: | |
| | 1. | Make appropriate entries below for non-adjoining shelter areas. Description of Areas (Stories or Location) Shelter Spaces Kits Authoriz | ed |
| | | a. | |
| | | b | |
| | | c | |
| | 2. | Total nonadjoining areas NONE 3. Total Kits Authorized | -/ |
| H. | VEN: | TILATION KITS | |
| | | | |
| 6 | | | Type "C" DO persons |
| | 1. | Total number of Ventilation Kits recommended | |
| | 2. | Subdivision by shelter area, where applicable | |
| | | Part No. Floor Applicable Spaces | |
| | a. | | |
| | ь. | | |
| | c. | | |
| | d. | | |
| 3 | | Remarks: | |
| | | | |